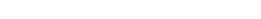


<b>Issue Classification</b> 	<b>Application No.</b>	<b>Applicant(s)</b>
	10/044,165	FIEBAG ET AL.
	<b>Examiner</b>	Art Unit

## ISSUE CLASSIFICATION

Total Claims Allowed: 19

O.G.  
Print Claim(s)

O.G.  
Print Fig.

HOA VAN LE  
PRIMARY EXAMINER

Primary Examiner)

(Date)

(Assistant Examiner) (Date)

100%

(Social Instruments) Examination (Beta)

(Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original	
1	1		31	61		91			151		181
2	2		32	62		92			152		182
3	3		33	63		93			153		183
4	4		34	64		94			154		184
5	5		35	65		95			155		185
6	6		36	66		96			156		186
7	7		37	67		97			157		187
8	8		38	68		98			158		188
9	9		39	69		99			159		189
10	10		40	70		100			160		190
11	11		41	71		101			161		191
12	12		42	72		102			162		192
13	13		43	73		103			163		193
14	14		44	74		104			164		194
15	15		45	75		105			165		195
16	16		46	76		106			166		196
17	17		47	77		107			167		197
18	18		48	78		108			168		198
19	19		49	79		109			169		199
20			50	80		110			170		200
21			51	81		111			171		201
22			52	82		112			172		202
23			53	83		113			173		203
24			54	84		114			174		204
25			55	85		115			175		205
26			56	86		116			176		206
27			57	87		117			177		207
28			58	88		118			178		208
29			59	89		119			179		209
30			60	90		120			180		210